



**STATEMENT OF FITNESS
FOR PARTICIPATION IN PHYSICAL TRAINING**

CORRECTIONS OFFICERS ACADEMY (COA)

**Washington State Criminal Justice
Training Commission
19010 1st Ave S
Burien, WA 98148-2055
Fax: 206.835.7922**

IMPORTANT

All students are required by state rule (WAC 139-10-212) to fully and actively participate in all Academy training.

Participants will experience the training activities described below while attending the Adult and Juvenile Corrections Officers Academies. Bending, reaching, crouching and/or crawling in the application of mechanical restraints or under and over bunks and other furniture while conducting a cell search or vehicle search. Defensive Tactics Training requiring each participant to apply techniques used to control and/or restrain aggressive individuals. As a training partner, participants will also be required to have techniques applied to them. Various techniques will include but not be limited to:

- Restraining hostile individuals and maneuvering them to the floor or to the wall
- Compression or extension of the wrist and forearm to incur pain compliance
- Being taken to the gymnasium floor by the arm and handcuffed behind the back
- Taking others to the ground by the arm and handcuffing them behind the back
- Kicking, punching, elbowing striking, knee striking, and palm heel striking a heavy bag
- Flexion and extension of the back and spine
- Defensive Tactics training for up to six hours at one time
- Crawling, bending, and climbing (under and over bunks and other furniture while conducting a cell search or vehicle search)

These techniques will be applied and experienced repeatedly over several hours a day on numerous days during the training. These actions will place repeated stress on the joints and muscles of the abdomen, back, neck, knees, shoulders, wrists, and elbows. Participants will sustain moderate to high impact on all parts of the body, specifically the chest, abdomen, obliques, and upper/lower back. These techniques, if properly applied, are designed to ensure the safety of the student who is free from health problems or physical limitations.

APPLICANT STATEMENT

THE STUDENT MUST PRESENT THIS COMPLETED FORM TO THE TAC OFFICER ON THE FIRST DAY OF CLASS

I have reviewed the description of physical training components **(above)** for the **COA** and believe that I have no health problems or physical limitations existing that would or should preclude me from fully and actively participating in such programs.

Signature of Academy Applicant: _____ Date: _____

MANDATORY PHYSICIAN STATEMENT

MUST BE COMPLETED WITHIN 6 MONTHS PRIOR TO ATTENDING THE ACADEMY

I have reviewed the description of physical training components **(above)** for the **COA** in assessing the applicant for participation in physical training. It is my professional opinion that Officer/Applicant _____ can **fully and actively participate** in such programs safely and without any undue hazard to his/her health.

Please check one of the following:

() Without the need for a reasonable accommodation.

() Given the following reasonable accommodation as requested by the applicant (please specify):

Name of Examining Physician or Physician Office Stamp: _____

Address: _____ Phone: _____

Signature of Examining Physician: _____ Date: _____

AGENCY EXECUTIVE OFFICER STATEMENT

AGENCY MUST REVIEW/SIGN AFTER PHYSICIAN STATEMENT IS COMPLETED

I have reviewed the description of physical training components **(above)** for the **COA** and based upon my knowledge, believe that Officer/Applicant _____ has no health problem or physical limitation, which would or should preclude full and active participation in such programs.

Print Name Of Agency Representative: _____

Signature of Training Manager or Superintendent: _____ Date: _____